

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

66948

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: Dorchester
 County: Fishing Creek
 City or town: Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death: entire life
 Hospital, Institution, or street address where death occurred: none
 How long in hospital or institution: 95

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: MD County: Dor
 City or town: Fishing Creek (If outside city or town limits, write RURAL and give nearest town)
 Street No.: none
 (If rural, give LOCATION) none

2.(a) If veteran, name war: none3. (b) Social Security Number: none

3. (a) FULL NAME: Martha Ann Aaron
 4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Widowed
 6. (b) Name of husband or wife: Columbus T. Aaron
 7. Birth date of deceased (mo., day, yr.): March 27, 1853 8. (c) If alive, give age: 100 years
 8. AGE: 92 Years 3 Months 15 Days It less than one day hrs. 0 min.
 9. Birthplace: Garden Hill (Town, county, and state) Hanover
 10. Usual occupation: Housewife
 11. Industry or business: Wm. Wrote
 FATHER: 12. Name: Wm. Wrote 13. Birthplace: Balto.
 MOTHER: 14. Maiden name: Jane Tinsley 15. Birthplace: Dor Co.
 16. Informant: Mrs. Monroe Simmons Address: Fishing Creek (If rural, give town, county, and state) MD
 17. Burial: Burial Date thereof: July 12-1945 (Burial, cremation, or removal, Which?) (month) (day), (year)
 Cemetery: Hoosier Memorial Location: Fishing Creek (If rural, give town, county, and state) MD
 18. Funeral director: Frederick R. Shores Address: Cambridge (If rural, give town, county, and state) MD
 19. Date rec'd by registrar: July 13 1945 (Date rec'd by registrar) Jane W. Meale (Signature of Local Registrar) Jane W. Meale

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1945 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1945 to July 12 1945, and that I last saw her alive on July 11 1945.

Immediate cause of death: Arterio Sclerosis
any Cardio-Respiratory Disease
 Due to: Arterio Sclerosis DURATION: 40 yrs

Due to: Arterio Sclerosis
 Other conditions: any Cardio-Respiratory Disease

Major findings of operations: Include pregnancy within 3 months of death)

Date of op.: July 12 1945

Autopsy results: None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: None Date of: None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where)? None

Means of injury: None Injured at work? None

23. SIGNATURE: Jane W. Meale M.D. M. D. or other: None

Address: Fishing Creek Date signed: July 13/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3B

06949

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Weeks

Hospital, Institution, or street address where death occurred:

Mrs. Lillie Rumbley)

How long in hospital or institution?.....

3. (a) FULL NAME

EMMA RUMBLEY BARRACK

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife G. Milbourne Barrack6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) 1/17/18798. AGE: Years 66 Months 6 Days 10 If less than one day hrs. min.9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Charles E. Barrack13. Birthplace Md.14. Maiden name Lillie Slacum15. Birthplace Md.16. Informant G. Milbourne BarrackAddress Cambridge R.F.D #3 Md.17. Burial Greenlawn Date thereof 7/30/1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreenlawnLocation Cambridge, Md.18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Maryland19. 7-30-1945 (Date rec'd by registrar) John Mack (Signature)
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #3

(If rural, give LOCATION)

2.(a) If veteran, name war X

3. (b) Social Security Number

X

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th, 1945 at 3:00 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 20 1945 to July 27 1945 and that I last saw her alive on July 27 1945

Immediate cause of death

Pulmonary Tuberculosis?

DURATION

Due to

Due to

Other conditions none

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

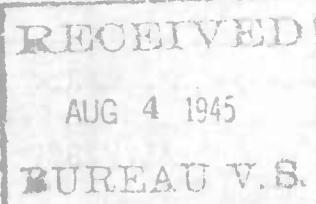
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other
Address John Mack Cambridge Md. Date signed 7/28/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06950

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town East New Market - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years 5 months

Hospital, institution, or street address where death occurred:

East New Market - Cambridge RoadHow long in hospital or institution? —

3. (a) FULL NAME

Jessie M. Brinsfield

4. Sex

5. Color or race

Female

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sheridan M. Brinsfield

7. Birth date of deceased (mo., day, yr.)

April 5, 18856. (c) If alive, give age 55 years

8. AGE:

Years 60Months 3Days 14If less than one day
hrs. — min. —

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

None

MOTHER

FATHER

12. Name

Jessie Brinsfield

13. Birthplace

Baltimore, Maryland

MOTHER

FATHER

14. Maiden name

Rosie A.

15. Birthplace

Baltimore, Maryland

16. Informant

Sheridan M. Brinsfield

Address

118 South Morley St., Baltimore, Maryland

17. Burial

Date thereof

July 21, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Brookview Cemetery

Location

Brookview, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalburg, Maryland

19. Date rec'd by registrar

July 20, 1945J. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town East New Market - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. East New Market - Cambridge Road

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19, 1945 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1944 to July 19, 1945and that I last saw her alive on July 19, 1945

Immediate cause of death

Internal hemorrhage -

internal

DURATION

1 hourProbable carcinomas
of liver.1 year

Due to

Other conditions
Chronic myocarditis 1 yr. +
Pernicious Anemia 2 mo. +

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

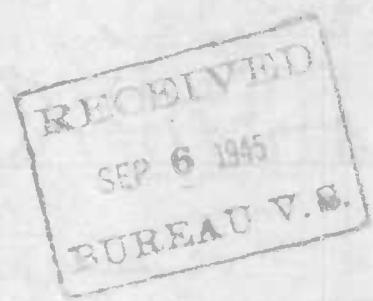
William C. Harrison MD

M. D. or other

Address

Harlock Md.

Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1220

CERTIFICATE OF DEATH

66951

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Howard Chester

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male col widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

P

6. (c) If alive, give age

years

1869

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

76

-

-

9. Birthplace Buckwheat Neck Dor Co Md

(Town, county, and state)

10. Usual occupation

Sea laborer

11. Industry or business

FATHER

12. Name Jefferson Chester

MOTHER

13. Birthplace Jeff. C. Md

MOTHER

14. Maiden name

15. Birthplace Dorchester C. Md

16. Informant

Isaac Chester

Address

Buckwheat N.Y.

17. (Burial, cremation, or removal. Which?)

Bethel

Date thereof

26 July
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge

18. Funeral director

Lewis B. Barnes

Address

Cambridge Md

19. (Date rec'd by registrar)

7-26-19

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 212 Cedar St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 24 1941 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11 1941 to July 24 1941and that I last saw him alive on July 24 1941

Immediate cause of death

Pulmonary EdemaCardiac fibrillationDue to Chr. MyocarditisPericarditisDue to Shangulite dry HerniaOther conditions Hypertension

DURATION

5 da

18 mon

24

8 da

17 da

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

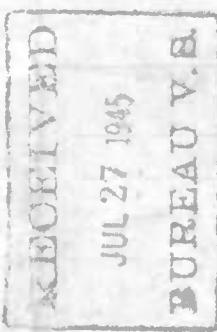
Injured at work?

23. SIGNATURE

Conrad M. C. M.

M. D. or other

Address 212 Cedar StDate signed 7-26-41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13

CERTIFICATE OF DEATH

66952

Reg. Dist. No. 113

1. PLACE OF DEATH:

County Dorchester
City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Howard Chester

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

6. (b) Name of husband or wife Walter Chester

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age 49 years
— 18868. AGE: Years 59 Months — Days — If less than one day — hrs. — min. —9. Birthplace Golden Hill
(Town, county, and state)10. Usual occupation Labour

11. Industry or business

FATHER 12. Name W. Chester
13. Birthplace Gloucester ChesterMOTHER 14. Maiden name Md Clara
15. Birthplace Md16. Informant Father and son Chester
Address Taylor's Island Md17. Taylor's Island Date thereof July 18, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Taylor's IslandLocation —18. Funeral director Levin H. Bayne
Address Cambridge Md19. July 19, 1945 Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Dorchester
City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)Street No. — (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1945 at 2 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from your 1945 to July 14, 1945and that I last saw h. alive on July 12, 1945 1945Immediate cause of death Cardiac Arrest DURATION 1 hr.Due to —Due to —Other conditions —

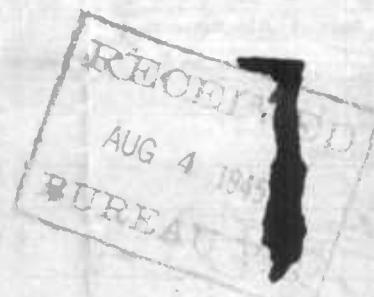
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State) —Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work —23. SIGNATURE Levin H. Bayne M. D. or other —Address Cambridge Md Date signed 7-18-1945



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

66953

Reg. Date. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, Institution, or street address where death occurred:

Near Winchester

How long in hospital or institution? -

3. (a) FULL NAME

Hiram L. Corkran

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

Blanche W. Corkran

7. Birth date of deceased (mo. day, yr.)

October 21, 1876

8. (c) If alive, give age - years

8. AGE:

Years 68

Months 9

Days 6

If less than one day

hrs.

min.

9. Birthplace

Williamstburg, Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Shipyard Operator

FATHER

Christopher C. Corkran

MOTHER

Dorchester County, Maryland

14. Maiden name

Elijah A. Andrew

15. Birthplace

Caroline County, Maryland

16. Informant

A. Thomas Corkran

Address

Preston, Maryland, R.F.D.

17. Burial

Date thereof July 30, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Chesapeake Cemetery

Location

Chesapeake, Virginia

18. Funeral director

J. J. Grampian and Sons

Address

Edenalebury, Maryland

19. July 27 - 1945

(Date read by registrar)

Ches W. Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia

County Prince George

City or town Cittenden

(If outside city or town limits, write RURAL and give nearest town)

Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 27 1945 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

Disease of Coronary Arteries 1 day

Due to

Due to

Other conditions

Paralysis - Arterio-Pathic 8 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

J. H. Shriver, D.P.M. Exan

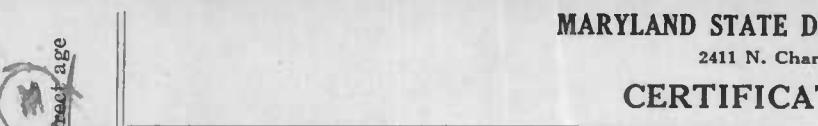
M. D. or other

Address

Cambridge - Md. Date signed July 28 1945



1
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

66954

CERTIFICATE OF DEATH

Reg. Dist. No. 1 10

1. PLACE OF DEATH:

County DorchesterCity or town Hullock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 years

Hospital, Institution, or street address where death occurred:

Near John's Church

How long in hospital or institution?

3. (a) FULL NAME

John W. Fletcher

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Mary E. Fletcher

7. Birth date of deceased (mo., day, yr.)

January 7, 18656. (c) If alive, give age 69 years

8. AGE:

Years 80Months 5Days 29

If less than one day

hrs.

min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

Farm laborer

10. Usual occupation

Farm

11. Industry or business

Farm

FATHER

12. Name

Peter Fletcher

MOTHER

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Julia

15. Birthplace

Dorchester County, Maryland

16. Informant

Mary E. Fletcher

Address

Hullock, Maryland, R.F.D.

17. Burial

Date thereof July 9, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

John's Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Trumpton & Son

Address

Tedeltalburg, Maryland

19. Date rec'd by registrar

July 9 - 1945 - Chas W. Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Hullock - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near John's Church

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1945 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 5 1945 to July 6 1945and that I last saw h. alive on July 5 1945Immediate cause of death Pulmonary Edema DURATIONDue to Chronic Myocarditis ?Due to Altenactosis ?Other conditions Angi. Scler. Hemiplegia

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

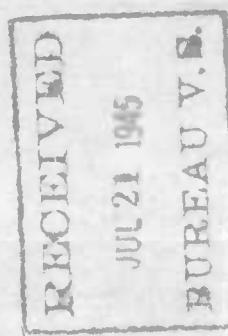
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

July B. Bunn M. D. or otherAddress Frederick, Maryland Date signed 7/10/45



M

MARGIN RESERVED FOR BINDING

G

PLEASE WRITE PLAINLY, WITH
INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *82d*

66955

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Eastern Shore State HospitalHow long in hospital or institution? Seven Days

3. (a) FULL NAME

MARY E.Etta Mae Foxwell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed6. (b) Name of husband or wife JAMES M. FOXWELLDied 7/31/19338. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan. 30, 1862

8. AGE:

Years

Months

Days

11 less than one day

83

5

28

hrs.

min.

9. Birthplace Neck Dist., Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

MOTHER FATHER

12. Name

James H. Hubbard

13. Birthplace

Md.

14. Maiden name

Mary R. Marshall

15. Birthplace

Md.16. Informant E. Harrison

Address

Cambridge, Md.

17. Burial

Date thereof July 31, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Cambridge Cemetery

Location

Cambridge, Md.18. Funeral director LeCompte's Funeral Service

Address

Cambridge, Md.19. 7-31-1945

(Date rec'd by registrar)

John Mack J. MD

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DorchesterCity or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)Street No. 306 RACE ST.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1945 at 4:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1945 to July 28 1945 and that I last saw her alive on July 28 1945

Immediate cause of death

Brachopneumonia

DURATION

3 Days

Due to

Due to

Other conditions Malnutrition, Arteriosclerosis
Hemiplegia

(Include pregnancy within 8 months of death)

5/30/45

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

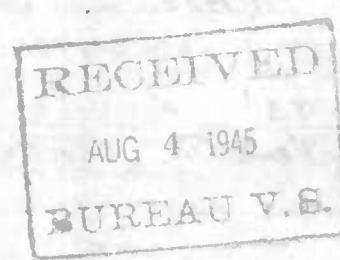
23. SIGNATURE

Charles Wagner MD

M. D. or other

Address

Date signed 7/28/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

06956

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... several years

Hospital, institution, or street address where death occurred:

R.F.D. #1

How long in hospital or institution?..... X

3. (a) FULL NAME

Philip King Andrew Giles

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	Married

6. (b) Name of husband or wife..... Rhoda Bayneum

8. (c) If alive, give age..... 41 years

7. Birth date of deceased (mo., day, yr.)..... April 29, 1897

8. AGE: Years	Months	Days	It less than one day
48	2	2 hrs. min.

9. Birthplace..... Maryland
(Town, county, and state)

10. Usual occupation..... Farming

11. Industry or business..... X

12. Name..... X

13. Birthplace..... X

14. Maiden name..... Elinor Cornish

15. Birthplace..... Maryland

16. Informant..... William Giles (son)

Address Cambridge, Md. R.F.D. #1

17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... 7-4-45

(mouth) (day) (year)

Cemetery or crematory..... Bucktown

Location..... Bucktown, Md.

18. Funeral director..... Lewis W. Bayneum

Address Cambridge, Md.

19. (Date rec'd by registrar)..... 7-3-45 Date of death..... 7-4-45

(Date signed)..... John Macdonald

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No..... R.F.D. #1

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... July 1 1945 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

..... X 19..... to X 19.....

and that I last saw h. X alive on X 19.....

Immediate cause of death.....

Sunstroke

DURATION

5-6 hrs.

Due to.....

Due to.....

Other conditions..... Alcoholism

1 day

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of July 1/45

Where did injury occur?..... Cambridge, Dor. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... at home

Means of injury..... Sun Injured at work?..... no

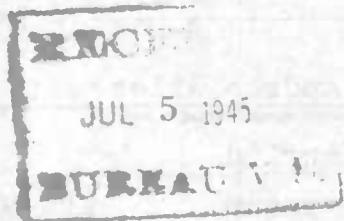
23. SIGNATURE..... J. K. Thriv, D. M. D. or other

M. D. or other

Address Cambridge, Md. Date signed July 2/45

Registrat

MISSOURI STATE DEPARTMENT OF AGED
DIRECTORATE OF POLICE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Phay*

CERTIFICATE OF DEATH

6957

Reg. Dist. No. 110

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William L. Parker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

B. (c) If alive, give age

years

8. AGE: Years

Months

Days

If less than one day

92

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

Daniel Parker

MOTHER

13. Birthplace

Md

14. Maiden name

Lorey Andre

15. Birthplace

Md

16. Informant

Raymond L. Parker

Address

17. Burial

Date thereof

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Sturlock

18. Funeral director

J. B. Wilboughby

Address

Sturlock

19. Date recd by registrar

July 14 - 1945 - Charles Hartman

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Sturlock

City or town

Sturlock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Main

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11 - 1945 st. 530 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 2 1945 to July 1945

and that I last saw him alive on July 11 1945

Immediate cause of death

Aortic Insufficiency

DURATION

Due to advanced age

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

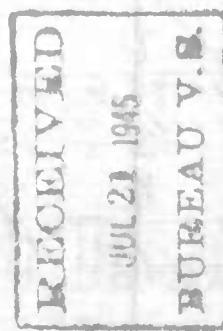
23. SIGNATURE

Address

R. L. Parker

M. D. or other

Date signed 7-13-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

66958

110

Reg. Dist. No.

✓ PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LifeHospital, Institution, or street address where death occurred: near ElwoodHow long in hospital or institution? -

3. (a) FULL NAME

Katie Henry4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single6.(b) Name of husband or wife -7. Birth date of deceased (mo., day, yr.) About 18986.(c) If alive, give age - years8. AGE: Years About 47 Months - Days - If less than one day hrs. - min.9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name John Henry13. Birthplace Dorchester County, Maryland14. Maiden name Mary Collins15. Birthplace Dorchester County, Maryland16. Informant Frank HenryAddress Hurlock, Maryland, R.F.D.17. Burial Burial Date thereof July 5 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Johnson Family CemeteryLocation near Hurlock, Maryland18. Funeral director J. J. Trampston and SonAddress Federalburg, Maryland19. Date signed July 5 - 1945

(Date signed by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Year

Elwood

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (b) Social Security Number

213-22-6038

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1945 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 1945 to July 1 1945 and that I last saw h. alive on July 1 1945Immediate cause of death Pneumonia Debilitating Condition 6 weeks DURATION 6 weeksDue to -Due to -Other conditions Loose bowels Loss of appetite

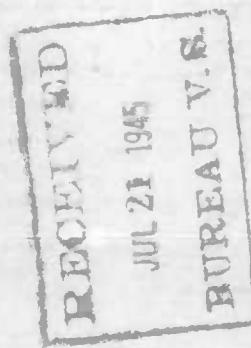
(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -Date of -Where did injury occur? - (City or town) - (County) - (State)Injured at home, farm, industry, public place (where?) -Means of injury -Injured at work? -23. SIGNATURE Paul B. PlummerM. D. or other -Address Poison Bay Date signed July 5 1945



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

06951/13

Reg. Dist. No.

1. PLACE OF DEATH

County... Dorchester
City or town... Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

almost life time

How long in hospital or institution?

3. (a) FULL NAME

Sarah J Hooper

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female colored widow
6. (b) Name of husband or wife... John W Hooper7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age

years

7. Birth date of
deceased (mo., day, yr.) don't know 18638. AGE: Years 82 Months 0 Days 1

If less than one day

hrs. min.

9. Birthplace Madison nd
(Town, county, and state)10. Usual occupation Laborer Housewife

11. Industry or business

12. Name Wesley Standley13. Birthplace Md14. Maiden name Donat known15. Birthplace nd16. Informant Charlotte StandleyAddress Cambbridge nd
17. Burial, cremation, or removal. Which? Taylor's Island Date thereof July 4 1945
(Burial, cremation, or removal. Which?) (Date) (month) (day) (year)Cemetery or crematory Taylor's IslandLocation Taylor's Island18. Funeral director Lynn H BayneAddress Cambbridge nd19. Date rec'd by registrar July 4 1945 19. Date July 4 1945 19. Date July 4 1945
(Date rec'd by registrar) (Date) (Month) (Year) (Date) (Month) (Year)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester
City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that deceased from
June 2 1945 to July 1 1945
and that I last saw her alive on June 13 1945

Immediate cause of death

StrokeDue to Chronic nephritis

Due to

Stroke
Other conditions Neuromyelitis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

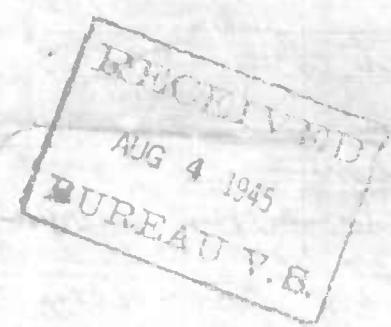
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Albert P. Butler
M. D. or other
Address Cambidge nd
Date signed 7-3-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CERTIFICATE OF DEATH

66960

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DORCHESTER.

City or town CAMBRIDGE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Hours.

Hospital, Institution, or street address where death occurred: CAMBRIDGE MARYLAND Hospital

How long in hospital or institution? 12 Hours

3. (a) FULL NAME

OLIE HURLEY HORSEMAN.

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE WHITE MARRIED

8. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 8, 1892

8. AGE: Years 52 Months Days hrs. min.

9. Birthplace MARYLAND

(Town, county, and state)

10. Usual occupation FACTORY WORK

11. Industry or business

12. Name JOSHUA HURLEY

13. Birthplace MARYLAND

14. Maiden name MARTHA HURLEY

15. Birthplace MARYLAND

16. Informant HOSPITAL RECORDS

Address

17. Burial Date thereof 7/15/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DORCHESTER MARY PARK

Location CAMBRIDGE, MARYLAND

18. Funeral director L. CAPT. F. M. THOMAS

Address CAMBRIDGE, MARYLAND

19. 7-15-1945 John MacJ. MD
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTER

City or town CAMBRIDGE

(If outside city or town limits, write RURAL and give nearest town)

Street No. 122 RACE STREET

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1945 at 10:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1945 to July 12 1945 and that I last saw her alive on July 12 1945

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

6 Hours

Due to LOBAR (VIRUS) PNEUMONIA IN RIGHT

8 days

Due to

Other conditions CARBUNCLE NECK

4 days

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

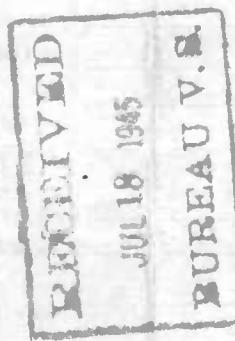
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. J. B. FARNER. M. D. or other

Address Cambridge Md Date signed 7/12/45



Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

FILM NO. G 97 JUL 25 1945

CERTIFICATE OF DEATH

66961

Reg. Dist. No. 116

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William W Jackson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Widower

6. (b) Name of husband or wife

died

7. Birth date of deceased (mo., day, yr.)

Oct 28

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

69

68

7

hrs.

min.

9. Birthplace

East New Market

(Town, county, and state)

10. Usual occupation

Labour

11. Industry or business

none

FATHER

12. Name

David Jackson

13. Birthplace

Vienna Md

MOTHER

14. Maiden name

Mary E Calmish

15. Birthplace

Md

16. Informant

Author W. Jackson

Address

Cambridge Rd

Date thereof

July 22

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

East New Market

18. Funeral director

Lewis H. Basmer

Address

Cambridge Rd

19. (Date rec'd by registrar)

7-21-45 John M. J. M.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19 1945 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18 1945 to July 18 1945

and that I last saw him alive on July 18 1945

Immediate cause of death

Apoplexy

DURATION

3 days

Due to

Heart disease - undiagnosed

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

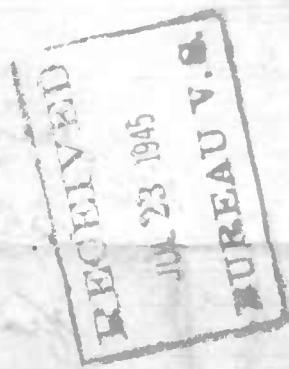
Means of injury

Injured at work?

23. SIGNATURE

R. D. Proctor M. D. or other

Address East New Market Date signed July 20



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



06962

116

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 yrs. 9 mos. 7 ds.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 2 yrs. 9 mos. 7 ds.

3. (a) FULL NAME

George Albert Jones

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
----------------	---------------------------	---

6. (b) Name of husband or wife..... Annie M. Lukens

7. Birth date of deceased (mo., day, yr.)..... May 22 1871

6. (c) If alive, give age..... years

8. AGE: Years 74	Months 2	Days 7	If less than one day hrs. min.
---------------------	-------------	-----------	---

9. Birthplace..... Feltonville, Pennsylvania
(Town, county, and state)

10. Usual occupation..... Stone cutter

11. Industry or business

MOTHER FATHER	12. Name..... Jacob Jones
	13. Birthplace..... Unknown

MOTHER	14. Maiden name..... Cornelius Anne Updike
	15. Birthplace..... Unknown

16. Informant..... Hospital Records
Address..... Cambridge, Maryland

17. Burial..... Date thereof..... 9-2-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Decatur Cemetery

Location..... Denton Md

18. Funeral director..... J. Engel Mowbray

Address..... Duluth Md

19. (Date rec'd by registrar)..... 9-2-45 John Mace B. M. D. or other
Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland county..... Caroline

City or town..... Denton (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 29 1945 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 22 1942 to July 29 1945

and that I last saw him alive on July 29 1945

Immediate cause of death..... Bronchopneumonia

DURATION

8 days

Due to.....

Due to.....

Other conditions..... Chronic Myocarditis 2 yrs.

Senile Psychosis 4 yrs.

(Include pregnancy within 3 months of death)

Major findings or operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

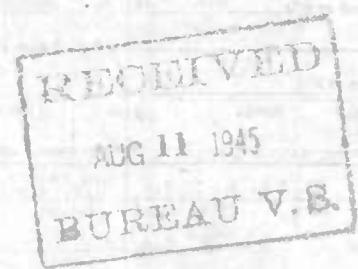
23. SIGNATURE.....

M. D. or other

Address..... Cambridge Date signed..... July 29 1945

RECEIVED 50 TRANSMISSIONS STATE CHARTER

RECEIVED 50 TRANSMISSIONS





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1226

06963

Reg. Dist. No. 116

CERTIFICATE OF DEATH



1. PLACE OF DEATH:

County... Dorchester

City or town... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Three Weeks

Hospital, Institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?... Three Weeks

3. (a) FULL NAME

Mary Ellen Lowe Layton

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife... Joseph H. Layton
 Died 11/20/1945 (If alive, give age) years
 7. Birth date of deceased (mo., day, yr.) Jan. 26, 1876

8. AGE: Years	Months	Days	If less than one day hrs. min.
69	5	24	

9. Birthplace... Nr. Vienna, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation... Domestic

11. Industry or business... Home

12. Name... Isaac W. Lowe

13. Birthplace... Maryland.

14. Maiden name... Elizabeth Hastings

15. Birthplace... Maryland.

16. Informant... Mildred Layton

Address 9119 Queens Blvd. Elmhurst, L.

17. Burial... Date thereof... July 23, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Vienna Cemetery

Location... Vienna, Maryland

18. Funeral director... LeCompte's Funeral Service

Address Cambridge, Maryland.

19. (Date rec'd by registrar) 7-26-1945 John MacL. Layton
 (Date signed) 7-21-1945 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester

City or town... Salem (If outside city or town limits, write RURAL and give nearest town)

Street No... Salem

(If rural, give LOCATION)

2. (a) If veteran, name war... -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 20, 1945, 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 20 1945 to July 20 1945 and that I last saw her alive on July 20 1945

Immediate cause of death...

Myocardial Failure

DURATION

4 days.

Diseases... TOXEMIA - OF

CAN. GREN. AND INTESTINE

Due to... OF VOLVULUS.

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. June 24/45

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

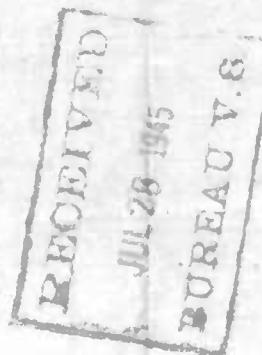
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John MacL. Layton
 M. for other
 Cambridge Md. Date signed 7-21-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

66964

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

1 day

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Cambridge-Maryland Hospital

How long in hospital or institution?

1 day

3. (a) FULL NAME

Thomas Mayhue

4. Sex

male

5. Color or race

colored

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

unknown

7. Birth date of deceased (mo., day, yr.)

about 1890

6.(c) If alive, give age years

8. AGE:

about 55

Years

#

Months

#

Days

#

If less than one day

hrs. min.

9. Birthplace

unknown

(Town, county, and state)

10. Usual occupation

laborer

laborer

11. Industry or business

farm

farm

FATHER

12. Name

unknown

unknown

MOTHER

13. Birthplace

unknown

unknown

14. Maiden name

unknown

unknown

15. Birthplace

unknown

unknown

16. Informant

Hospital records

Address

Cambridge - Md

Burial

(Burial, cremation, or removal. Which?)

Date thereof 7-30-45

(month) (day) (year)

Cemetery or crematory

Reids Grove Cemetery

Location

Reids Grove, Md

18. Funeral director

Tom H. Baumhamer

Address

Cambridge, Md.

19. Date rec'd by registrar

7-30-

1945

John MacJ. Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

Dorchester

City or town Reid's Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No. X

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26

1945 a 8-45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19 to X 19

and that I last saw h. alive on X 19

19

Immediate cause of death

Shock

DURATION

11 hrs.

Due to Compound, comminuted fractures of both legs below the knees

Due to and a possible fracture at base of skull

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 25/45

Where did injury occur? Rhodesdale, Dor. Md.

(City or town) (County) (State)

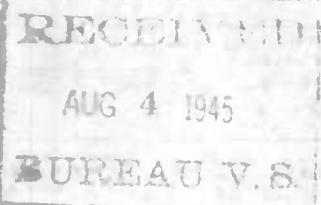
Injured at home, farm, industry, public place (where?) on State Road

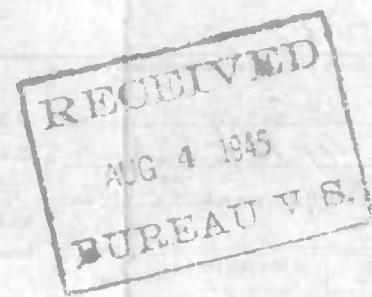
Means of injury Automobile Injured at work? No

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed July 25/45





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

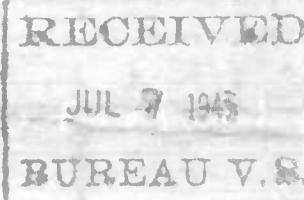
2411 N. Charles St., Baltimore 3-2711

06966

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?..... Hospital, institution, or street address where death occurred:.....				
How long in hospital or institution?.....				
3. (a) FULL NAME <i>Edward Cypher</i>		3. (b) Social Security Number		
4. Sex male	5. Color or race colored	6. (a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION	
6. (b) Name of husband or wife <i>Bessie Cypher</i>		6. (c) If alive, give age..... years		
7. Birth date of deceased (mo., day, yr.) <i>June 10 1872</i>		20. DATE OF DEATH..... <i>July 1 1945</i> , et 11:00 P.M.		
8. AGE: Years <i>73</i>		Months <i>0</i>	Days <i>21</i>	if less than one day hrs. min.
9. Birthplace <i>Dorchester Co Md</i>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <i>March 23 1945</i> to <i>July 1 1945</i>		
(Town, county, and state) <i>(Town, county, and state)</i>		and that I last saw him alive on <i>July 1 1945</i>		
10. Usual occupation <i>Labour</i>		Immediate cause of death <i>Ulmomary Edema</i>		
11. Industry or business		<i>Acme Day & Night</i>		
12. Name <i>Robert Cypher</i>		Due to <i>Chronic Meningitis</i>		
13. Birthplace <i>Maryland</i>		<i>Central Hemorrhage</i>		
14. Maiden name <i>Mary Ann Jackson</i>		Due to...		
15. Birthplace <i>Maryland</i>		Other conditions <i>See Hypertension 2 yrs</i>		
16. Informant <i>Elaine Adams</i>		(Include pregnancy within 8 months of death)		
Address <i>1849 N 11 St Philadelphia Pa</i>		Major findings of operations		
17. Cemetery or crematory (Burial, cremation, or removal. Which?) <i>Cambridge</i>		Date of op.		
Date thereof (month) (day) (year) <i>July 4 1945</i>		Autopsy results		
Cemetery or crematory <i>Cambridge</i>		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Location <i>Cambridge</i>		22. VIOLENCE: If death was due to external causes, fill in the following:		
18. Funeral director <i>Levi S H Baseman</i>		Accident, suicide, or homicide..... Date of.....		
Address <i>Cambridge rd</i>		Where did injury occur?..... (City or town)..... (County)..... (State).....		
19. (Date rec'd by registrar) <i>7/4/45 John Macdonald</i>		Injured at home, farm, industry, public place (where?).....		
		Means of injury..... Injured at work?		
		23. SIGNATURE..... <i>Carroll M. O'Clair Mrs</i>		
		M. D. or other		
		Address <i>1313 N 11 St</i>		
		Date signed <i>7-3-45</i>		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181

CERTIFICATE OF DEATH

06967

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural - Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? 7 Hours

3. (a) FULL NAME

Audry Lucille Majors Parks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

8. (b) Name of husband or wife Rosen T. Parks

7. Birth date of deceased (mo., day, yr.)

May 26, 1916

6. (c) If alive, give age 45

years

8. AGE:

Years
29Months
1Days
25

If less than one day

hrs. min.

9. Birthplace

Dor. Co. Maryland

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

FATHER

12. Name Levin H. Majors

MOTHER

13. Birthplace Maryland

14. Maiden name Ida May Hassett

15. Birthplace Maryland

16. Informant

Rosen T. Parks

Address

RFD # 2, Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 22, 1945

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 7/21/45

19

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural - Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 2

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

A

20. DATE OF DEATH

July 21, 1945 at 12:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on

19.

Immediate cause of death

Shock

DURATION

6 hrs

Due to

Extensive Burns

6 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 20/45

Where did injury occur? Cambridge Dor. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fire

Injured at work? Yes at home

23. SIGNATURE

M. D. or other

Address

Cambridge Md. Date signed July 24/45

RECEIVED

JUL 27 1965

BUREAU V.A.

✓ PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06968

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

City or town.....

Dorchester
Lloyd's, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Entire life

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

George A. Seward

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife.....

Cassie Sapp

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Oct - 24 - 1858

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Morris Neck

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

Charles H. Seward,

Nor Co

MOTHER FATHER

12. Name.....

Mary Applegarth

13. Birthplace

Nor. Co.

14. Maiden name.....

Mrs. Cassie S. Seward

15. Birthplace

Cambridge R. 2D 3

16. Informant.....

Address

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Greenlawn

Location.....

Cambridge

18. Funeral director.....

Reuben R. Thomas

Address

Cambridge, Md.

19. (Date rec'd by registrar)

John M. S. - the

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge R. 2D 3

Street No..... none

(If rural, give LOCATION)

none

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 9 1945 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9, 1945, to July 9, 1945, and that I last saw him alive on July 9, 1945.

Immediate cause of death.....

Asteric Seizures
Cardio-Vascular Reaction

DURATION

1 year

Due to.....

1 year

Due to.....

1 year

Other conditions.....

Sensitivity and
Parkinson's syndrome

(Include pregnancy within 6 months of death)

1 year

Major findings or operations.....

none

Date of op.

Autopsy results.....

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

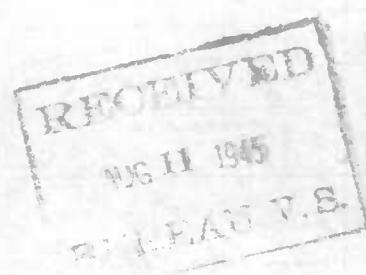
23. SIGNATURE

Eldridge H. Wollard

M. D. or other

Cambridge, Md. Date signed 7-10-45





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66970

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 days
 Hospital, institution, or street address where death occurred: Cambridge- md Hospital, Inc.
 How long in hospital or institution? 11 days

3. (a) FULL NAME

Laurice TUBRAN

4. Sex <u>F</u>	5. Color or race <u>C</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
-----------------	---------------------------	---

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) December 18, 1944 6.(c) If alive, give age..... years

8. AGE: Years <u>8</u>	Months <u>7</u>	Days <u>7</u>	If less than one day hrs. min.
------------------------	-----------------	---------------	---

9. Birthplace MARYLAND
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name <u>William Valley</u>
13. Birthplace <u>MARYLAND</u>

14. Maiden name <u>Geraldine TUBRAN</u>
15. Birthplace <u>MARYLAND</u>

16. Informant Hospital Records

Address.....

17. Burial, cremation, or removal. Which? Burial Date thereof July 26
 (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director Smith & Bazyne

Address.....

19. Date rec'd by registrar 7-27-1945 John MacF. and
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State MARYLAND County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R. F. D # 3 Box 48
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1945, at 6:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1945, to July 25, 1945, and that I last saw her alive on July 25, 1945.

Immediate cause of death.....

Terminal Bronchitis - Pneumonia
 Due to inhalation.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE L. O. Meredith M. D. or otherAddress Cambridge, Maryland Date signed July 26, 1945

RECEIVED

AUG 4 1945

BUREAU V.S.

RECEIVED
AUG 4 1945
BUREAU V.S.